

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Community Based Regulation Section

FAMILY DAY CARE STAFF RENEWAL NOTICE

In, order to renew your approval, you must complete and return the renewal application to:

Department of Public Health – Day Care
410 Capitol Avenue – MS#12 DAC
P.O. Box 34048
Hartford, CT 06134-0308

ALONG WITH THE APPLICATION YOU MUST INCLUDE:

- \$15.00 Application Fee and Fee Invoice Form – Make your check payable to “Treasurer State of Connecticut” this fee is non-refundable.
- Adult Medical Statement for Child Care – Physical examination required every two years.
- First Aid Certification – A copy of a certificate, front and back, documenting the completion of an approved first aid course appropriate for child care providers. (For substitutes only)

Please note that failure to complete the renewal application on or before your expiration date will result in the expiration of your approval. If this happens, you would need to immediately stop acting as an assistant/substitute in a family day care home. A new application would then be required and you would not be permitted to act as an assistant/substitute until your approval was reinstated. If you submit a partial application, but fail to complete the application by your expiration date, your renewal application will be denied. If you have any questions, please contact us at (800)282-6063 or (860)509-8045.

Respectfully,

Application Unit

Child Day Care – Staff Application Fee Form

The licensing fee along with this Staff Application Fee Invoice Form is due with your application to obtain a Family Day Care Home Staff Approval. THE FEE of fifteen \$15.00 IS NON-REFUNDABLE.

Please complete items 1 through 9 of this form. If you have questions, call the licensing office at 1-800-282-6063 or (860) 509-8045. Make your payment by check or money order payable to: **TREASURER-STATE OF CONNECTICUT. Mail this form along with your payment and application to the *Department of Public Health* at the address on the bottom of this form.**

1. Name: _____
2. Address: _____, CT _____

Street
City/Town
Zip Code
3. Mailing Address (if different):

Street Address
City/Town
Zip Code
4. Home Phone Number: (____)_____ - _____ Cell Phone Number: (____) _____ - _____
5. E-mail Address: _____ 6.ExpirationDate: _____

(for renewals only)
7. Enclosed Check/Money Order: \$_____ Check #: _____ Check Date ____/____/____
8. Social Security # : _____ - _____ - _____

(3 digits)
(2 digits)
(4 digits)
9. Payment is for the following type of approval: *(check one box below)*

	Family Day Care Home Staff Assistant (Account #42431)	Family Day Care Home Staff Substitute (Account #42431)
	<input type="checkbox"/> 2-year approval (new) \$15.00 <input type="checkbox"/> 2-year approval (renewal) \$15.00	<input type="checkbox"/> 2-year approval (new) \$15.00 <input type="checkbox"/> 2-year approval (renewal) \$15.00

STATEMENT OF COMPLIANCE

Applicant's Name: _____
First Middle Last

Address of Facility: _____
Street Town State Zip

I certify that I have read and understand the regulations for the licensure of family day care homes adopted by the Commissioner of Public Health pursuant to Connecticut General Statutes Section 19a-87b(c). I will maintain the family day care home in compliance with these regulations, and I will allow home visits by Department staff to the family day care home when I am present at the family day care home.

NOTICE OF PENALTY FOR FALSE STATEMENTS

Under the law, all information provided on this application form, or in any statements accompanying this application, must be truthful. Any false statements could cause the denial of this application and may be punished as a Class A Misdemeanor under Section 53a-157b of the Penal Code. This notice is given as required by the Connecticut General Statutes, Section 19a-87b(a).

Understanding the penalties for false statements, I attest that my statements in this application are true, to the best of my knowledge and belief.

X _____
(Signature of Applicant) (Date)